

U.S. Department of Justice
United States Marshals Service

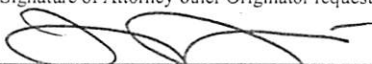
PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United Promotions, Inc. and Fernando Figueredo		COURT CASE NUMBER 11-CV-06892	
DEFENDANT Lindsay Corp., Andres Gacharna, and Catherine E. Lindsay		TYPE OF PROCESS Petition to Confirm Arbitration Award	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lindsay Corporation		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 310 South Michigan Avenue #2013, Chicago, IL 60604		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
Jon H. Beaupré, Esq. Brinks Hofer Gilson & Lione Suite 3600 - NBC Tower, 455 N. Cityfront Plaza Drive Chicago, IL 60611		Number of parties to be served in this case	3
		Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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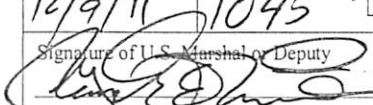
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 312-321-4200	DATE 12/7/11
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 105 3	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk 	Date 12/18/11
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) ANDRES GACHARNA / AS PICTURED	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 12/9/11 Time 1045 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee 855.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits 250.00	Amount owed to U.S. Marshal* or (Amount of Refund*) 8195.00 \$0.00
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REMARKS:
1 Dosm / 1 HR

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

12/8/11

PLAINTIFF United Promotions, Inc. and Fernando Figueredo	COURT CASE NUMBER 11-CV-06892
DEFENDANT Lindsay Corp., Andres Gacharna, and Catherine E. Lindsay	TYPE OF PROCESS Petition to Confirm Arbitration Award

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Catherine Lindsay
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 MetroSouth Medical Center, 2310 York St., Suite 5A, Blue Island, IL 60406

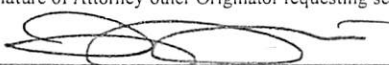
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jon H. Beaupre, Esq. Brinks Hofer Gilson & Lione Suite 3600 - NBC Tower, 455 N. Cityfront Plaza Drive Chicago, IL 60611	Number of process to be served with this Form 285	
	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):


Fold

Fold

Work telephone: (708) 489-7800
 See photo attached to this form.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 312-321-4200	DATE 12/7/11
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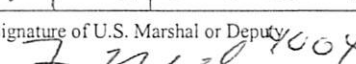
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 303	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk 	Date 12/8/11
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 12/8/2011	Time 5:12 <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 	

Service Fee \$55.00	Total Mileage Charges including endeavors \$23.46	Forwarding Fee	Total Charges \$78.46	Advance Deposits \$250.00	Amount owed to U.S. Marshal* or (Amount of Refund*) \$171.54 \$0.00
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REMARKS:
 1-DCSM
 1-Hour
 46-Miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

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12/8/11

PLAINTIFF United Promotions, Inc. and Fernando Figueredo	COURT CASE NUMBER 11-CV-06892
DEFENDANT Lindsay Corp., Andres Gacharna, and Catherine E. Lindsay	TYPE OF PROCESS Petition to Confirm Arbitration Award

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Andres Gacharna
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 310 South Michigan Avenue #2013, Chicago, IL 60604

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
Jon H. Beaupre, Esq. Brinks Hofer Gilson & Lione Suite 3600 - NBC Tower, 455 N. Cityfront Plaza Drive Chicago, IL 60611	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

See photo attached to this form.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 312-321-4200	DATE 12/7/11
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 205 3	District of Origin No 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 12/8/11
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) ANDRES GACHARNA / AS PICTURED	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 12/9/11 Time 1045 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee 10 55.00	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges 155.00	Advance Deposits 12500	Amount owed to U.S. Marshal* or (Amount of Refund*) 195.00 \$0.00
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REMARKS:

1 DUSM / 1 HR

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED